

FILED SEP 12 1941

Primary Registration District No. 4298

Registrar's No.

1. PLACE OF DEATH:

(a) County Lafayette
(b) City or town Waverly
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community 20 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME JOHN JESSE MILLER

3. (b) If veteran, name war. 3. (c) Social Security No.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 14 years (Month) (Day) (Year) 1858

7. Birth date of deceased Feb 14 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 6 Days 17 If less than one day .hr. min.

9. Birthplace Allen Co. Ky
(City, town, or county) (State or foreign country)

10. Usual occupation MINER

11. Industry or business

12. Name GEO. MILLER
13. Birthplace Ky (State or foreign country)

14. Maiden name MANDY PIPER
15. Birthplace Ky (State or foreign country)

16. (a) Informant FRANK MILLER
(b) Address Waverly, Mo

17. (a) BURIAL (b) Date thereof SEPT 21 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CORDER, MO

18. (a) Signature of funeral director W. WINKLER
(b) Address LEXINGTON, MO

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County Lafayette
(c) City or town Waverly 0.54
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 31
year 1941 hour 10:30 minute P. M.

I hereby certify that I attended the deceased from June 1936 to August 31, 1941
that I last saw him alive on Aug. 31, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic interstitial nephritis

Due to 12/13

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work (Specify type of place) Means of injury

23. Signature Waverly Date signed 9-2-41

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 1-10-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____, Registered Apprentice No. _____
working under my personal supervision.

Signed

Geo. A. McLean

Licensed Embalmer No.

2983

P. O. Address

Peru, W. Va.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.